



Call Us: 888-869-4595

eDiningExpress Setup Form for _____ Restaurant

Tax Rate? _____ %

Accepted payment options: ☐ Cash Minimum order amount? \$ _____
☐ Credit Cards Minimum order amount? \$ _____

Credit card processing company: _____ Contact person: _____

Merchant ID: _____ Phone: _____

Email: _____

Allow tipping on credit cards? ☐ Yes
☐ No

Allow customers to include special instructions in their orders? ☐ Yes
☐ No

Accept future orders? ☐ Yes How far in advance? ☐ Same day only
☐ No ☐ Future days: _____ minimum days and _____ maximum days

Receive Email reminder for future orders? ☐ Yes, _____ days ahead
☐ No

Order notification by fax? ☐ Yes, my fax number is _____

by Email? ☐ Yes, my email address is _____

Receive phone alert? ☐ Yes, my phone number is _____
(\$5 monthly fee)

Print a receipt with every order? ☐ Yes
☐ No

For orders without prepaid tips, display blank tip line on printed orders? ☐ Yes
☐ No

Do you deliver? ☐ Yes
☐ No

Minimum delivery order? ☐ Yes, \$ _____ Delivery fee? ☐ Yes, \$ _____ Is the delivery fee taxable? ☐ Yes
☐ No ☐ No ☐ No

Delivery Zone? ☐ Anywhere within _____ miles
☐ Anywhere within the following zip codes: _____
☐ I will need to draw a map

Do you work with any 3rd-party online ordering service such as GrubHub, EAT24 etc.?

☐ Yes
☐ No

Would you like to offer a discount for first-time online orders? ☐ Yes, ____ % off
☐ No

How should discount coupons be handled? ☐ We do not offer coupons
☐ We offer coupons but do not want them used for online ordering
☐ Apply coupons to orders automatically
☐ Require coupon codes to be entered

What hours will you accept orders? Do you want to give customers an Expected Wait Time in their email confirmations?

Monday:	<input type="checkbox"/> Pickup Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
	<input type="checkbox"/> Delivery Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
Tuesday:	<input type="checkbox"/> Pickup Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
	<input type="checkbox"/> Delivery Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
Wednesday:	<input type="checkbox"/> Pickup Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
	<input type="checkbox"/> Delivery Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
Thursday:	<input type="checkbox"/> Pickup Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
	<input type="checkbox"/> Delivery Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
Friday:	<input type="checkbox"/> Pickup Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
	<input type="checkbox"/> Delivery Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
Saturday:	<input type="checkbox"/> Pickup Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
	<input type="checkbox"/> Delivery Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
Sunday:	<input type="checkbox"/> Pickup Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes
	<input type="checkbox"/> Delivery Hours: Begin at _____ and End at _____	<input type="checkbox"/> Give expected wait time of _____ minutes

What holidays are you closed or have different hours than normal? Please list:

_____	<input type="checkbox"/>	Pickup Hours: Open at _____ and Close at _____
	<input type="checkbox"/>	Delivery Hours: Open at _____ and Close at _____
_____	<input type="checkbox"/>	Pickup Hours: Open at _____ and Close at _____
	<input type="checkbox"/>	Delivery Hours: Open at _____ and Close at _____
_____	<input type="checkbox"/>	Pickup Hours: Open at _____ and Close at _____
	<input type="checkbox"/>	Delivery Hours: Open at _____ and Close at _____
_____	<input type="checkbox"/>	Pickup Hours: Open at _____ and Close at _____
	<input type="checkbox"/>	Delivery Hours: Open at _____ and Close at _____

_____	<input type="checkbox"/>	Pickup Hours: Open at _____ and Close at _____
	<input type="checkbox"/>	Delivery Hours: Open at _____ and Close at _____
_____	<input type="checkbox"/>	Pickup Hours: Open at _____ and Close at _____
	<input type="checkbox"/>	Delivery Hours: Open at _____ and Close at _____